| optication or Docket Number  |   |                                 |                                 |                      |                        |                                      |          |                |                        |           |                | ber                    |             |
|--|---|---------------------------------|---------------------------------|----------------------|------------------------|--------------------------------------|----------|----------------|------------------------|-----------|----------------|------------------------|-------------|
|  | PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  09905215    |                                 |                                 |                      |                        |                                      |          |                |                        |           |                |                        |             |
| CLAIMS AS FILED - PART I (Column 1) (Calumn 2)                           |   |                                 |                                 |                      |                        |                                      |          | PE C           | amy<br>□               | OR        | OTHER<br>SWALL | • •                    |             |
| το   | TAL CLAIMS  |                                 | 17                              |                      |                        |                                      |          | RATE           | FEE                    |           | RATE           | FEE                    | 1           |
| FO   | R   |                                 | NUMBER FILED                    |                      | NUMBER EXTRA           |                                      | 8/       | ASIC FEE       | 355.00                 | OR        | BASIC FEE      | 710.00                 |             |
| 70   | TAL CHARGEA   | BLE CLAIMS                      | .5 7 minus 20=                  |                      | • 37                   |                                      |          | X\$ 9=         |                        | OR        | X\$18=         | 666                    |             |
| IND  | EPENDENT CL   | AIMS                            | / minus 3 =                     |                      |                        | 1.                                   |          | X40=           |                        | OR        | X80=           | 80                     |             |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |                                 |                                 |                      |                        |                                      |          | +135=          |                        | OR        | +270=          |                        |             |
| * If the difference in column 1 is less than zero, enter "0" In column 2 |   |                                 |                                 |                      |                        |                                      |          |                |                        |           | TOTAL          | 1456                   |             |
| Claims as amended - Part II  |   |                                 |                                 |                      |                        |                                      |          | ٠:             |                        | ø         | OTHER          |                        |             |
| (Column 1) (Column 2) (Column 3)   |   |                                 |                                 |                      |                        |                                      |          | MALL           |                        | OR ,      | SMALL          |                        |             |
| AMENDMENT A  |   | REMAINING<br>AFTER<br>AMENDMENT | •                               | NUM<br>PREVI<br>PAID | BER<br>OUSLY           | PRESENT<br>EXTRA                     |          | RATE           | ADDI-<br>TIONAL<br>FEE |           | RATE           | ADDI-<br>TIONAL<br>FEE |             |
|  | Total   | · 56                            | Minus .                         | • 5                  | 7                      | <b>=</b>                             | L        | X\$ 9=         |                        | OR        | X\$18=         |                        | 00          |
| SEN S  | Independent   | • 4                             | Minus                           | ••••                 | 4                      | -                                    |          | X40=           |                        | OR        | X80=           |                        |             |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                      |                                 |                                 |                      |                        |                                      |          | 1185=          |                        | OR        | +270=          |                        |             |
| :  | 0/21/12   | •                               | •                               |                      | TOTAL                  |                                      |          | TOTAL          |                        |           |                |                        |             |
|  | 8 /31/05  |                                 |                                 |                      |                        |                                      |          | OIT. FEE       | <u> </u>               | Jon       | ADDIT, FEE     |                        | 8           |
| 8  |   | (Column 1)                      | 1                               | HG                   | HEST<br>MER            | PRESENT                              |          | •              | ADDI-                  |           |                | ADDI-                  | 200         |
| ANGENDMENT (   |   | AFTER AMENDMENT                 |                                 | PREVI                | OUSLY<br>FOR           | EXTRA                                |          | RATE           | TIONAL<br>FEE          |           | RATE           | TIONAL<br>FEE          | ءَ ا        |
|  | Total ·   | . 44                            | Minus                           | • 4                  | 57_                    | - /                                  |          | X\$ 9=         |                        | OR        | X\$18=         |                        |             |
|  | Independent   | • 4.                            | Minus .                         | ••• /                | 4                      | <b>-</b> /                           |          | X40=           |                        | OR        | X80=           |                        | 1           |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                      |                                 |                                 |                      |                        |                                      |          | +135=          |                        | OR        | +270=          |                        | 1           |
|  |   |                                 |                                 | ٠.                   | ,                      |                                      | <b>L</b> | TOTAL          |                        | OR        | TOTAL          |                        | 1           |
| AUGIT. PEE   |   |                                 |                                 |                      |                        |                                      |          |                |                        |           | ADDIT. FEE     |                        |             |
|  |   | (Column 1)                      | ]                               | HIG                  | HEST                   |                                      | 1        |                | ADDI-                  | 1         |                | ADDI-                  | 1           |
| M  |   | REMAINING<br>AFTER              |                                 | PREV                 | VBER<br>IOUSLY<br>DFOR | PRESENT                              |          | RATE           | TIONAL<br>FEE          |           | RATE           | TIONAL<br>FEE          | ·           |
| AMENDMENT C  | Total   | AMENDMENT                       | Minus                           | **                   |                        | -                                    |          | X\$ 9=         | 755                    | OR        | X\$18=         | 7                      | 1           |
| 3  | Independent   | •                               | Minus                           | ***                  |                        | =                                    | 1 ⊩      | X40=           |                        |           | X80=           |                        | 1           |
| 4  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                      |                                 |                                 |                      |                        |                                      |          |                |                        | OR        | <b> </b>       | <b></b>                | $\parallel$ |
| •  | If the entry in column 1 is less then the entry in column 2, write "0" in column 3. |                                 |                                 |                      |                        |                                      |          | +135=<br>TOTAL |                        | OR        | +270=          | <b></b>                | $\ $        |
| 8 ⊶  | If the Trighest Nu  | ember Proviously P              | wid For IN THI<br>wid For IN TH | S SPACE<br>IS SPACE  | is less the less the   | en 20, enter "20<br>en 3. enter "3." |          | DIT. FEE       | <u></u>                | JOR       | ADDIT. FEE     |                        | 4           |
|  | The Highest Nur   | mber Previously Pe              | ld For (Total o                 | r Indepen            | dent) is th            | e highest numb                       | er touri | d in the ep    | propriete be           | oni pu ca | okumo 1.       |                        |             |
| L  | ·   |                                 |                                 |                      |                        |                                      |          |                |                        |           |                |                        |             |

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